

**EAST SIDE HEALTH DISTRICT
COMPLAINT/INCIDENT REPORT**

Incident Number: <u>100</u>	Date: <u>03/04/2019</u>	Time <u>1</u>
Program: <u>Sewage</u>	Received By: <u>Michael Jackson</u>	
Received Via:		
Business/ Incident Information:		
Name: <u>KAM WAH CHOP SUEY</u>	Facility ID Number: <u>318</u>	
Address: <u>7604 STATE ST</u> Phone <u>(618)</u>	City: <u>E ST LOUIS</u>	
Nature of Complaint:		
regarding grease being poured into a drain at KAM WAH CHOP SUEY	is aware _____ and the nuisance is causing him trouble	
Injury/Illness:		
Complaint Information:		
Name _____	Address: _____	
Phone Number: _____		
Action Taken/Activity Log:		
Date: <u>03/05/2019</u> Inspector: <u>Michael Jackson</u>		
Activity: Inspector, Mike Jackson, informed Establishment that grease should not be poured down the drain. Toilets flushed @ establishment all sinks ran water, No signs of back up State Plumber notified regarding compliant for plumbing "complaint inspection"		
Date: <u>03/04/1900</u> Inspector: <u>Myla Blandford</u>		
Activity: MB returned a call on 3/4/19 from _____ concerning a sewage issue. The complainant stated that the toilets in _____ were not flushing and tha: two plumbers out to assess the issue. The complainant was told that there was "grease in the manhole." _____ The establishment denies pouring grease down the drain. MB assigned M. Jackson to conduct an inspection of Kam Wah on 3/5/19 to ascertain if there were any issues with toilet flushing/sinks draining. MB also contacted the State Plumbing Inspector with a request for inspection.		
Date: <u>03/05/2019</u> Inspector: _____		
Activity: MB contacted G. Clemmons of East St Louis Public Works and advised her of complaint/inquired as to whether or not there were any known issues with municipal lines in the area. Mr. Clemmons reported that there were no known issues. MB _____ a maintenance check for grease/obstructions in the area of 7604 State. Public Health Inspected By: same date indicated that toilets and sinks drained without issue at food establishment. Disposition: Open		

Date: 03/07/2019 Inspector: Myla Blandford

Activity: MB was contacted by State Plumbing Inspector as a follow up to plumbing survey. Plumbing inspector indicated that there were multiple plumbing code violations and that a report would be available on Friday 3/8/19.

Date: 03/11/2019 Inspector: Myla Blandford

Activity: G. Clemons of ESTL PW contacted MB. Line maintenance scheduled for Tuesday.

Date: 03/08/2019 Inspector: Myla Blandford

Activity: MB received electronic copy of plumbing inspection violations and contacted plumber to set up afternoon consultation with facility. MB dispatched two inspectors to test toilet/sink drainage at other businesses in strip mall with food establishment. Toilets at _____ did not flush adequately. Sinks were reported to drain slow. inspectors a picture of grease in the manhole. MB updated ESHD Administrator. Food establishment permit to be suspended based on hazard of sewage obstruction and system failure in connecting business and food establishment plumbing code violations. MB updated inspectors. MB notified G. Clemons (ESTL PW) of closure - lines had not been serviced, scheduled for next week. MB notified ESTL Zoning Director of establishment closure. State Plumbing Inspector provided update that ESTL PW representative present outside facility during consult. Grease present.

Date: 03/13/2019 Inspector: Myla Blandford

Activity: FOIA request received (BND). MB requested copy of photos/service provider records from complainant location.

Date: 03/14/2019 Inspector: Myla Blandford

Activity: State Plumbing Inspector reported (to MB) that he met with establishment's plumber on site. Grease trap lacked maintenance and build up of debris in line was noted. G. Clemons confirmed line service was being conducted. MB spoke with Cara Anthony at BND acknowledging FOIA request. MB confirmed w/ Ms. Anthony that establishment would not re-open until plumbing corrections had been made & verified by State Plumbing Inspector.

Myla Oliver-Blandford

From: Popov, Matt <Matt.Popov@Illinois.gov>
Sent: Thursday, March 07, 2019 3:13 PM
To: Myla Oliver-Blandford
Subject: Man Wah
Attachments: IMG_0740.JPG; ATT00001.txt

Myla, Does this concern you? I'll follow up with a report.

Thanks, Matt

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Food Establishment Inspection Report

Local Health Department Name and Address East Side Health District		No. of Risk Factor/Intervention Violations	Date 3/5/19 Page 1 of 3
Establishment Kam Wah Chop Suey	License/Permit # X	No. of Repeat Risk Factor/Intervention Violations	Time In 11:15 AM
Street Address 7604 State Street	ZIP Code 62203	Permit Holder X	Time Out 12:40 PM
City/State East St. Louis, IL		Risk Category High	Purpose of Inspection Complaint

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	<i>In, Out</i>	Person in charge present, demonstrates knowledge, and performs duties		15	<i>In, Out, N/A, N/O</i>	Food separated and protected	
2	<i>In, Out, N/A</i>	Certified Food Protection Manager (CFPM)		16	<i>In, Out, N/A</i>	Food-contact surfaces; cleaned and sanitized	
Employee Health				17	<i>In, Out</i>	Proper disposition of returned, previously served, reconditioned and unsafe food	
3	<i>In, Out</i>	Management, food employee and conditional employee; knowledge, responsibilities and reporting		18	<i>In, Out, N/A, N/O</i>	Time/temperature Control for Safety	
4	<i>In, Out</i>	Proper use of restriction and exclusion		19	<i>In, Out, N/A, N/O</i>	Proper reheating procedures for hot holding	
5	<i>In, Out</i>	Procedures for responding to vomiting and diarrheal events		20	<i>In, Out, N/A, N/O</i>	Proper cooling time and temperature	
Good Hygienic Practices				21	<i>In, Out, N/A, N/O</i>	Proper hot holding temperatures	
6	<i>In, Out, N/O</i>	Proper eating, tasting, drinking, or tobacco use		22	<i>In, Out, N/A, N/O</i>	Proper cold holding temperatures	
7	<i>In, Out, N/O</i>	No discharge from eyes, nose, and mouth		23	<i>In, Out, N/A, N/O</i>	Proper date marking and disposition	
Preventing Contamination by Hands				24	<i>In, Out, N/A, N/O</i>	Time as a Public Health Control; procedures & records	
8	<i>In, Out, N/O</i>	Hands clean and properly washed		25	<i>In, Out, N/A</i>	Consumer Advisory	
9	<i>In, Out, N/A, N/O</i>	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		26	<i>In, Out, N/A</i>	Highly Susceptible Populations	
10	<i>In, Out</i>	Adequate handwashing sinks properly supplied and accessible		27	<i>In, Out, N/A</i>	Food/Color Additives and Toxic Substances	
Approved Source				28	<i>In, Out, N/A</i>	Toxic substances properly identified, stored, and used	
11	<i>In, Out</i>	Food obtained from approved source		29	<i>In, Out, N/A</i>	Conformance with Approved Procedures	
12	<i>In, Out, N/A, N/O</i>	Food received at proper temperature					
13	<i>In, Out</i>	Food in good condition, safe, and unadulterated					
14	<i>In, Out, N/A, N/O</i>	Required records available: shellstock tags, parasite destruction					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

COS		R	COS	R			
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Varlance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
34	Plant food properly cooked for hot holding			48	Warewashing facilities: installed, maintained, & used; test strips		
35	Approved thawing methods used			49	Non-food contact surfaces clean		
36	Thermometers provided & accurate				Physical Facilities		
Food Identification				50	Hot and cold water available; adequate pressure		
37	Food properly labeled; original container			51	Plumbing installed; proper backflow devices		
Prevention of Food Contamination				52	Sewage and waste water properly disposed		
38	Insects, rodents, and animals not present			53	Toilet facilities: properly constructed, supplied, & cleaned		
39	Contamination prevented during food preparation, storage and display			54	Garbage & refuse properly disposed; facilities maintained		
40	Personal cleanliness			55	Physical facilities installed, maintained, and clean		
41	Wiping cloths: properly used and stored			56	Adequate ventilation and lighting; designated areas used		
42	Washing fruits and vegetables				Employee Training		
				57	All food employees have food handler training		

Food Establishment Inspection Report

Page 2 of 3

Establishment: Kam Wah Chop Suey Establishment #: 5

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: _____ PPM: _____ Heat: _____

OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Number	Violations cited in this report must be corrected within the time frames below.
<p><u>Complaint 3/4/2019</u></p> <p>- Establishment has grease being poured into drain causing a nuisance for building.</p>	
<p>* Establishment is <u>not</u> to pour grease down the drain</p>	
<p>* Toilets flushed @ Establishment → No signs of back-up</p>	
<p>* All sinks ran → No signs of back-up</p>	
<p>* Manager stated - All grease is sent outside in trash. Poured down drain</p>	
<p>* (State Plumber scheduled to follow-up) Complaint</p>	
<p>CFPM Verification (name, expiration date, ID#):</p>	
Janet Lam	# 15758902 Exp. 10/25/2022
HACCP Topic: N/A	

Xenon T | 3/05/2019

Follow-up: Yes No (Check one) Follow-up Date:

Food Establishment Inspection Report

Local Health Department Name and Address East Side Health District		No. of Risk Factor/Intervention Violations <input checked="" type="checkbox"/>	Date 3/8/10 Page 1 of 3
Establishment Han Wah	License/Permit # <input checked="" type="checkbox"/>	No. of Repeat Risk Factor/Intervention Violations <input checked="" type="checkbox"/>	Time In 2:03 PM
Street Address 7104 State St.		Permit Holder <input checked="" type="checkbox"/>	Time Out 3:03PM
City/State East St. Louis, IL	ZIP Code 62201	Purpose of Inspection Complaint / Follow-Up	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
1	<i>In, Out</i>	Person in charge present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<i>In,Out,N/A</i>	Certified Food Protection Manager (CFPM)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Health							
3	<i>In, Out</i>	Management, food employee and conditional employee; knowledge, responsibilities and reporting		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<i>In,Out</i>	Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<i>In,Out</i>	Procedures for responding to vomiting and diarrheal events		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							
6	<i>In,Out,N/O</i>	Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<i>In,Out,N/O</i>	No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
8	<i>In,Out,N/O</i>	Hands clean and properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<i>In,Out,N/A,N/O</i>	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<i>In,Out</i>	Adequate handwashing sinks properly supplied and accessible		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Source							
11	<i>In,Out</i>	Food obtained from approved source		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<i>In,Out,N/A,N/O</i>	Food received at proper temperature		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	<i>In,Out</i>	Food in good condition, safe, and unadulterated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	<i>In,Out,N/A,N/O</i>	Required records available: shellstock tags, parasite destruction		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation	
		COS	R			COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31	Water and ice from approved source		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32	Variance obtained for specialized processing methods		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34	Plant food properly cooked for hot holding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35	Approved thawing methods used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36	Thermometers provided & accurate		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Food Identification							
37	Food properly labeled; original container		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination							
38	Insects, rodents, and animals not present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39	Contamination prevented during food preparation, storage and display		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40	Personal cleanliness		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
41	Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42	Washing fruits and vegetables		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proper Use of Utensils							
43	In-use utensils: properly stored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44	Utensils, equipment & linens: properly stored, dried, & handled		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
45	Single-use/single-service articles: properly stored and used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
46	Gloves used properly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Utensils, Equipment and Vending							
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
48	Warewashing facilities: installed, maintained, & used; test strips		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
49	Non-food contact surfaces clean		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Physical Facilities							
50	Hot and cold water available; adequate pressure		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
51	Plumbing installed; proper backflow devices		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
52	Sewage and waste water properly disposed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
53	Toilet facilities: properly constructed, supplied, & cleaned		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
54	Garbage & refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
55	Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
56	Adequate ventilation and lighting; designated areas used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employee Training							
57	All food employees have food handler training		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
58	Allergen training as required		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Food Establishment Inspection Report

Page 2 of 2

Establishment: Kam Wah

Establishment #:

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type:

PPM:

Heat:

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below. <i>plumbing</i>
	Due to sewer issues and violation as attached, and sewer back up in adjacent office facility, facility is closed until health violations/sewer violation are fixed to code.
	Repairs have to be made by Illinois Registered/Licensed Plumber
	2019 Permit will be temporarily suspended pending plumbing corrections.

CFPM Verification (name, expiration date, ID#):

HACCP Topic:

Person in Charge (Signature)

Date

3-08-19

Follow-up: Yes No (Check one)

Follow-up Dates

Will call
after plumbing
Violations

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
PLUMBING INSPECTION REPORT

Type of Unit Inspected and Location: Kam Wah Chop Suey

7604 State Street	East St. Louis	St. Clair	
Street Address	City	County	Zip Code

Firm or person responsible for plumbing: _____

Street Address	City	County	Zip Code	Telephone#
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TYPE OF INSPECTION

<input type="checkbox"/> License	<input type="checkbox"/> Code	<input type="checkbox"/> Underground	<input type="checkbox"/> Rough-In	<input type="checkbox"/> Final
<input checked="" type="checkbox"/> OTHER OR TYPE: <u>Request by Local Health Dept.</u>				

An inspection this date has been conducted under authority of the Illinois Plumbing License Law. Notice is hereby given of violations. Correction of the below listed violation(s) must be made within the time limit shown to prevent further enforcement action by this Department.

Item #	Code Rule #	Violations	Corrected By
KITCHEN			
1.	890.1010(a)	The prep sink and the three compartment sink discharge piping were directly connected to the sanitary sewer system.	P
2.	890.1420(a) 890.410(a)	The prep sink and the three compartment sink discharge piping were not provided with a trapped and vented outlet.	P
3.	890.320(k)(1)(1) 890.320(i)	The pressure fittings and fernco fittings located on the three compartment sink and prep sink discharge piping were not approved.	P
4.	890.1420(a) 890.410(a)	The discharge piping for the wok was not provided with a trapped and vented outlet.	P
5.	890.510(a)(6)	The inlet and outlet of the grease interceptor was not provided with a vent.	P
6.	890.200	The inlet of the grease interceptor was not provided with a flow control.	P
7.	890.310	The inch and a half pipe located on the grease interceptor was not gas or water tight.	P

Owner or Plumber

Matthew L. Popov
Plumbing Inspector

March 7, 2019
Date

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
PLUMBING INSPECTION REPORT

Type of Unit Inspected and Location: Kam Wah Chop Suey

7604 State Street East St. Louis St. Clair
Street Address City County Zip Code

Firm or person responsible for plumbing: _____

Street Address City County Zip Code Telephone#

TYPE OF INSPECTION

License Code Underground Rough-In Final
 OTHER OR TYPE: Request by Local Health Dept.

An inspection this date has been conducted under authority of the Illinois Plumbing License Law. Notice is hereby given of violations. Correction of the below listed violation(s) must be made within the time limit shown to prevent further enforcement action by this Department.

RESTROOM			
8.	890.680(e)	The hand wash sink was not provided with tempered water.	P
9.	890.650(a)(1)	The water closet bowl was not provided with an antimicrobial seat.	P
10.	890.630(g)	The restroom may not meet the requirements of the 2018 Illinois Accessibility Code.	
		NOTE: This type of facility will be required to have a mop sink and a grease interceptor for the wok.	P

Owner or Plumber

Matthew L. Popov
Plumbing Inspector

March 7, 2019
Date

Food Establishment Inspection Report

Local Health Department Name and Address		No. of Risk Factor/Intervention Violations 0	Date 1/18/19	Page 1 of 3
Establishment VAM WASH		License/Permit #	Time In 1:10	
Street Address 7604 State St.		Permit Holder	Time Out 2:20	
City/State E. St. Louis		ZIP Code	Risk Category High	
Purpose of Inspection ROUTINE				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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Supervision								
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2 <input checked="" type="checkbox"/> In/Out, N/A	Certified Food Protection Manager (CFPM)			16 <input checked="" type="checkbox"/> In	Out, N/A	Food-contact surfaces; cleaned and sanitized		
Employee Health								
3 <input checked="" type="checkbox"/> In/Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting			17 <input checked="" type="checkbox"/> In	Out	Proper disposition of returned, previously served, reconditioned and unsafe food		
4 <input checked="" type="checkbox"/> In/Out	Proper use of restriction and exclusion			Time/Temperature Control for Safety				
5 <input checked="" type="checkbox"/> In/Out	Procedures for responding to vomiting and diarrheal events			18 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper cooking time and temperatures		
Good Hygienic Practices								
6 <input checked="" type="checkbox"/> In/Out, N/O	Proper eating, tasting, drinking, or tobacco use			19 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper reheating procedures for hot holding		
7 <input checked="" type="checkbox"/> In/Out, N/O	No discharge from eyes, nose, and mouth			20 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper cooling time and temperature		
Preventing Contamination by Hands								
8 <input checked="" type="checkbox"/> In/Out, N/O	Hands clean and properly washed			21 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper hot holding temperatures		
9 <input checked="" type="checkbox"/> In/Out, N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper cold holding temperatures		
10 <input checked="" type="checkbox"/> In/Out	Adequate handwashing sinks properly supplied and accessible			23 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Proper date marking and disposition		
Approved Source								
11 <input checked="" type="checkbox"/> In/Out	Food obtained from approved source			24 <input checked="" type="checkbox"/> In	Out, N/A, N/O	Time as a Public Health Control; procedures & records		
12 <input checked="" type="checkbox"/> In/Out, N/A, N/O	Food received at proper temperature			Consumer Advisory				
13 <input checked="" type="checkbox"/> In/Out	Food in good condition, safe, and unadulterated			25 <input checked="" type="checkbox"/> In	Out, N/A	Consumer advisory provided for raw/undercooked food		
14 <input checked="" type="checkbox"/> In/Out, N/A, N/O	Required records available: shellstock tags, parasite destruction			Highly Susceptible Populations				
GOOD RETAIL PRACTICES								
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
Safe Food and Water		COS	R	Proper Use of Utensils		COS	R	
30 <input checked="" type="checkbox"/> Food	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> In	use utensils: properly stored			
31 <input checked="" type="checkbox"/> Food	Water and ice from approved source			44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled				
32 <input checked="" type="checkbox"/> Food	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored and used				
Food Temperature Control								
33 <input checked="" type="checkbox"/> Food	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> Gloves used properly				
34 <input checked="" type="checkbox"/> Food	Plant food properly cooked for hot holding			Utensils, Equipment and Vending				
35 <input checked="" type="checkbox"/> Food	Approved thawing methods used			47 <input checked="" type="checkbox"/> Food	and non-food contact surfaces cleanable, properly designed, constructed, and used			
36 <input checked="" type="checkbox"/> Food	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips				
Food Identification								
37 <input checked="" type="checkbox"/> Food	Food properly labeled; original container			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean				
Prevention of Food Contamination								
38 <input checked="" type="checkbox"/> Food	Insects, rodents, and animals not present			Physical Facilities				
39 <input checked="" type="checkbox"/> Food	Contamination prevented during food preparation, storage and display			50 <input checked="" type="checkbox"/> Hot and cold water available; adequate pressure				
40 <input checked="" type="checkbox"/> Food	Personal cleanliness			51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices				
41 <input checked="" type="checkbox"/> Food	Wiping cloths: properly used and stored			52 <input checked="" type="checkbox"/> Sewage and waste water properly disposed				
42 <input checked="" type="checkbox"/> Food	Washing fruits and vegetables			53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned				
Employee Training								
57 <input checked="" type="checkbox"/> All food employees have food handler training				54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained				
58 <input checked="" type="checkbox"/> Allergen training as required				55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean				
Audit Findings								

Food Establishment Inspection Report

Page 2 of 3

Establishment: KAM WHI Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: chlorine PPM: 100ppm Heat: 165°↑

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
#37	No labels on prepared foods Food taken from original package must be in clean covered container with dated label of preparation. CORRECTION: DATE / label
#47	Storage racks have build up of debris. Non food contact surfaces must be in sanitary condition. CORRECTION: Clean

CFPM Verification (name, expiration date, ID#):

LAM	15758902	Exp. 10/25/22	
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HACCP Topic: Thawing

X J.H. 2) S

Date

Person in Charge (Signature)

Follow-up: Yes No (Check one)

Follow-up Date:

Inspector (Signature)



Food Establishment Inspection Report

Local Health Department Name and Address East Side Health District		No. of Risk Factor/Intervention Violations 2	Date 12/15 Page 1 of 3
Establishment Kam Wah Chop Suey	License/Permit # X	No. of Repeat Risk Factor/Intervention Violations 2	Time In 1:00 PM
Street Address 7604 State Street	Permit Holder X	Risk Category High	Time Out 1:05 PM
City/State East St. Louis, IL	ZIP Code 62203	Purpose of Inspection Routine	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status	COS	R
Supervision				Protection from Contamination		
1 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Person in charge present, demonstrates knowledge, and performs duties			15 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected	<input checked="" type="checkbox"/>
2 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Certified Food Protection Manager (CFPM)			16 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Food-contact surfaces; cleaned and sanitized	<input type="checkbox"/>
Employee Health				17 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Proper disposition of returned, previously served, reconditioned and unsafe food	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting			Time/Temperature Control for Safety		
4 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Proper use of restriction and exclusion			18 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Procedures for responding to vomiting and diarrheal events			19 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>
Good Hygienic Practices				20 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature	<input type="checkbox"/>
6 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use			21 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures	<input type="checkbox"/>
7 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			22 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures	<input type="checkbox"/>
Preventing Contamination by Hands				23 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/O	Hands clean and properly washed			24 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records	<input type="checkbox"/>
9 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Consumer Advisory		
10 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Adequate handwashing sinks properly supplied and accessible			25 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked food	<input type="checkbox"/>
Approved Source				Highly Susceptible Populations		
11 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Food obtained from approved source			26 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>
12 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature			Food/Color Additives and Toxic Substances		
13 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Food in good condition, safe, and unadulterated			27 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Food additives: approved and properly used	<input type="checkbox"/>
14 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			28 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Toxic substances properly identified, stored, and used	<input type="checkbox"/>
GOOD RETAIL PRACTICES				Conformance with Approved Procedures		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance				29 <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> N/A	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>

Safe Food and Water		COS	R	Proper Use of Utensils	COS	R
30 <input type="checkbox"/>	Pasteurized eggs used where required			43 <input type="checkbox"/> In-use utensils: properly stored		
31 <input type="checkbox"/>	Water and ice from approved source			44 <input type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled		
32 <input type="checkbox"/>	Variance obtained for specialized processing methods			45 <input type="checkbox"/> Single-use/single-service articles: properly stored and used		
Food Temperature Control				46 <input type="checkbox"/> Gloves used properly		
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending		
34 <input type="checkbox"/>	Plant food properly cooked for hot holding			47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35 <input type="checkbox"/>	Approved thawing methods used			48 <input type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips		
36 <input type="checkbox"/>	Thermometers provided & accurate			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean <i>CO 5</i>		<input checked="" type="checkbox"/>
Food Identification				Physical Facilities		
37 <input type="checkbox"/>	Food properly labeled; original container			50 <input type="checkbox"/> Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51 <input type="checkbox"/> Plumbing installed; proper backflow devices		
38 <input type="checkbox"/>	Insects, rodents, and animals not present			52 <input type="checkbox"/> Sewage and waste water properly disposed		
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage and display			53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned		
40 <input type="checkbox"/>	Personal cleanliness			54 <input type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
41 <input type="checkbox"/>	Wiping cloths: properly used and stored			55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>
42 <input type="checkbox"/>	Washing fruits and vegetables			56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used		
Employee Training				Employee Training		
57 <input type="checkbox"/>	All food employees have food handler training			58 <input type="checkbox"/> All allergen training as required		
58 <input type="checkbox"/>	All allergen training as required					

Food Establishment Inspection Report

Establishment:

Kam Wah ~~etc~~ Chop Suey

Establishment #:

Page 2 of 3

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type:

3 complete sink Chlo

PPM:

10

Heat:

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
(15.)	Chicken and chicken batter not covered. 3.302.11(A) Food shall be protected from cross contamination
Correction - cover	COS Repeated Violation
(49.)	Non Food Contact Surfaces such as counter top dirty with debris
4.601.11(c)- Non Food contact surfaces shall be free of accumulations of residue	
Correction - clean	N/A COS
(55.)	Floors in Establishment not clean
6.101.11(A) Materials such as	Floors, wall, ceilings, surfaces must be
Correct - clean	free of residue build up
(23.)	Dries, and pepper, and cheese not dated/labeled in Refrigerator
3.501.17 - Food should be on a labeling/date marking system that meets	
Correct - Label date or discard	COS the codes of state

CFPM Verification (name, expiration date, ID#):

Janet Lam	# 01585237	Exp. 10/29/2019	
HACCP Topic:	Fast Prep		

X John W.
Person in Charge (Signature)

1

12/05/2018

Person in Charge (Signature)

Follow-up: Yes No (Check one)

Follow-up Date:

Food Establishment Inspection Report

of 2

Local Health Department Name and Address East Side Health District		No. of Risk Factor/Intervention Violations 1	Date 04/26/19 Page 1 of 2
Establishment Kam Wah	License/Permit # X	No. of Repeat Risk Factor/Intervention Violations 0	Time In 2:30 PM
Street Address 7604 State Street	Permit Holder X	Risk Category High	Time Out 3:00 PM
City/State East St. Louis	Purpose of Inspection routine inspection		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status	COS	R
Supervision				Protection from Contamination		
1 <input checked="" type="checkbox"/> Out	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	15 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Food separated and protected	<input checked="" type="checkbox"/>
2 <input checked="" type="checkbox"/> In, Out, N/A	Certified Food Protection Manager (CFPM)	<input type="checkbox"/>	<input type="checkbox"/>	16 <input checked="" type="checkbox"/> In, Out, N/A	Food-contact surfaces; cleaned and sanitized	<input type="checkbox"/>
Employee Health				17 <input checked="" type="checkbox"/> Out	Proper disposition of returned, previously served, reconditioned and unsafe food	<input type="checkbox"/>
3 <input checked="" type="checkbox"/> Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety		
4 <input checked="" type="checkbox"/> Out	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	18 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper cooking time and temperatures	<input type="checkbox"/>
5 <input checked="" type="checkbox"/> Out	Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	19 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>
Good Hygienic Practices				20 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper cooling time and temperature	<input type="checkbox"/>
6 <input checked="" type="checkbox"/> In, Out, N/O	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	21 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper hot holding temperatures	<input type="checkbox"/>
7 <input checked="" type="checkbox"/> In, Out, N/O	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	22 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper cold holding temperatures	<input type="checkbox"/>
Preventing Contamination by Hands				23 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Proper date marking and disposition	<input type="checkbox"/>
8 <input checked="" type="checkbox"/> In, Out, N/O	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	24 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Time as a Public Health Control; procedures & records	<input type="checkbox"/>
9 <input checked="" type="checkbox"/> In, Out, N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory		
10 <input checked="" type="checkbox"/> Out	Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	25 <input checked="" type="checkbox"/> In, Out, N/A	Consumer advisory provided for raw/undercooked food	<input type="checkbox"/>
Approved Source				Highly Susceptible Populations		
11 <input checked="" type="checkbox"/> Out	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	26 <input checked="" type="checkbox"/> In, Out, N/A	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>
12 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances		
13 <input checked="" type="checkbox"/> Out	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	27 <input checked="" type="checkbox"/> In, Out, N/A	Food additives: approved and properly used	<input type="checkbox"/>
14 <input checked="" type="checkbox"/> In, Out, N/A, N/O	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/> In, Out, N/A	Toxic substances properly identified, stored, and used	<input type="checkbox"/>
GOOD RETAIL PRACTICES				Conformance with Approved Procedures		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Safe Food and Water				29 <input checked="" type="checkbox"/> In, Out, N/A	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>
30 <input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils		
31 <input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	43 <input type="checkbox"/> In-use utensils: properly stored	<input type="checkbox"/>	
32 <input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	44 <input type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/>	
Food Temperature Control				45 <input type="checkbox"/> Single-use/single-service articles: properly stored and used	<input type="checkbox"/>	
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	46 <input type="checkbox"/> Gloves used properly	<input type="checkbox"/>	
34 <input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending		
35 <input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	
36 <input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/>	
Food Identification				49 <input checked="" type="checkbox"/> Non-food contact surfaces clean	<input type="checkbox"/>	
37 <input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
Prevention of Food Contamination				50 <input type="checkbox"/> Hot and cold water available; adequate pressure	<input type="checkbox"/>	
38 <input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> Plumbing installed; proper backflow devices	<input type="checkbox"/>	
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed	<input type="checkbox"/>	
40 <input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/>	
41 <input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	
42 <input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean	<input type="checkbox"/>	
Employee Training				56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	
57 <input type="checkbox"/>	All food employees have food handler training	<input type="checkbox"/>	<input type="checkbox"/>	Employee Training		
58 <input type="checkbox"/>	Allergen training as required	<input type="checkbox"/>	<input type="checkbox"/>	59 <input type="checkbox"/> All food employees have food handler training	<input type="checkbox"/>	

Food Establishment Inspection Report

Page 2 of 3

Establishment:

Establishment #:

Water Supply: Public Private

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: 3 comp. Chlor PPM: 100

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
(15)	Food items not covered 3-302.11 Food shall be protected from cross contamination Correction - cover COS
(49.)	Nonfood contact surfaces not clean 4-601. Nonfood contact surfaces shall be clean and protected Correction - Clean N/F
(55.)	Oven not clean, built up debris 6-501. Facility equipment must be maintained and clean Correction -> Clean N/F

CFPM Verification (name, expiration date, ID#):

Janet LAM | #15758902 | Exp. 10/25/22

HACCP Topic:

~~Person in Charge (Signature)~~

Date _____

Follow-up: Yes No (Check one)

Follow-up Date:



Food Establishment Inspection Report

Local Health Department Name and Address ESHD			No. of Risk Factor/Intervention Violations 2	Date 11/19 Page 1 of 3
Establishment Kam Wah			No. of Repeat Risk Factor/Intervention Violations 0	Time In 3:30
			Permit Holder	Risk Category High
Street Address 7601 State St.			Purpose of Inspection Routine	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
1 <input checked="" type="checkbox"/> In Out	Person in charge present, demonstrates knowledge, and performs duties			15 <input checked="" type="checkbox"/> In Out, N/A, N/O	Food separated and protected		
2 <input checked="" type="checkbox"/> In Out, N/A	Certified Food Protection Manager (CFPM)			16 <input checked="" type="checkbox"/> In Out, N/A	Food-contact surfaces; cleaned and sanitized		
Employee Health							
3 <input checked="" type="checkbox"/> In Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting			17 <input checked="" type="checkbox"/> In Out	Proper disposition of returned, previously served, reconditioned and unsafe food		
Good Hygienic Practices							
6 <input checked="" type="checkbox"/> In Out, N/O	Proper eating, tasting, drinking, or tobacco use			18 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper cooking time and temperatures		
7 <input checked="" type="checkbox"/> In Out, N/O	No discharge from eyes, nose, and mouth			19 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper reheating procedures for hot holding		
Preventing Contamination by Hands							
8 <input checked="" type="checkbox"/> In Out, N/O	Hands clean and properly washed			20 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper cooling time and temperature		
9 <input checked="" type="checkbox"/> In Out, N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			21 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper hot holding temperatures		
10 <input checked="" type="checkbox"/> In Out	Adequate handwashing sinks properly supplied and accessible	<input checked="" type="checkbox"/>		22 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper cold holding temperatures		
Approved Source							
11 <input checked="" type="checkbox"/> In Out	Food obtained from approved source			23 <input checked="" type="checkbox"/> In Out, N/A, N/O	Proper date marking and disposition		
12 <input checked="" type="checkbox"/> In Out, N/A, N/O	Food received at proper temperature			24 <input checked="" type="checkbox"/> In Out, N/A, N/O	Time as a Public Health Control; procedures & records		
13 <input checked="" type="checkbox"/> In Out	Food in good condition, safe, and unadulterated			Consumer Advisory			
14 <input checked="" type="checkbox"/> In Out, N/A, N/O	Required records available: shellstock tags, parasite destruction			25 <input checked="" type="checkbox"/> In Out, N/A	Consumer advisory provided for raw/undercooked food		
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Safe Food and Water							
30 <input checked="" type="checkbox"/> In	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> In-use utensils: properly stored			
31 <input checked="" type="checkbox"/> In	Water and ice from approved source			44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled			
32 <input checked="" type="checkbox"/> In	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored and used			
Food Temperature Control							
33 <input checked="" type="checkbox"/> In	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> Gloves used properly			
34 <input checked="" type="checkbox"/> In	Plant food properly cooked for hot holding			Utensils, Equipment and Vending			
35 <input checked="" type="checkbox"/> In	Approved thawing methods used			47 <input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36 <input checked="" type="checkbox"/> In	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37 <input checked="" type="checkbox"/> In	Food properly labeled; original container			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean			
Prevention of Food Contamination							
38 <input checked="" type="checkbox"/> In	Insects, rodents, and animals not present			Physical Facilities			
39 <input checked="" type="checkbox"/> In	Contamination prevented during food preparation, storage and display			50 <input checked="" type="checkbox"/> Hot and cold water available; adequate pressure			
40 <input checked="" type="checkbox"/> In	Personal cleanliness			51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices			
41 <input checked="" type="checkbox"/> In	Wiping cloths: properly used and stored			52 <input checked="" type="checkbox"/> Sewage and waste water properly disposed			
42 <input checked="" type="checkbox"/> In	Washing fruits and vegetables			53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned		54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained	7 day
Employee Training							
57 <input checked="" type="checkbox"/> In	All food employees have food handler training			55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		56 <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used	
58 <input checked="" type="checkbox"/> In	Allergen training as required			30 days			

Food Establishment Inspection Report

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Page 2 of 3

Establishment:

Kam Wah

Establishment #:

Water Supply: Public Private

Waste Water System: Public Private

• Chl Bucket

PPM: 100 ppm

Heat: 195

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
#23 501.17	No dates on PHF stored in fridge PHF shall be dated at all times - correction: dates applied (prep date) (cos)
#18	"No wash hands" Signs posted - correction: signs provided (cos)
#53 502.14	Bathroom door not self-closing in kitchen: 7 days Correction: Apply self-closing mechanism.
Orkin Pest Control	
#51 750.510	Food Handler training not complete education (EA) on dating marking, storage, + cross contamination. Food temp logs left No signs or smells of sewage issues 30 days

CFPM Verification (name, expiration date, ID#):

LAM

15758903

HACCP Topic:

~~Date marking~~ / cool down procedure

~~Person in Charge (Signature)~~

Date

Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date:

TRADES UNION COUNCIL 38

**EAST SIDE HEALTH DISTRICT
COMPLAINT/INCIDENT REPORT**

Incident Number: 100 Date: 04/13/2018 Time: 12:00 AM
Program: Sewage Received By: Myla Blandford
Received Via:

Business/ Incident Information:

Name: _____ Facility ID Number: _____
Address: _____ City: _____
Phone Number: _____

Nature of Complaint:

MB received call from City of East St Louis inspector advising that there was sewage behind establishment at 7604 State Street.

Injury/Illness: _____

Complaint Information:

Name: _____ Address: _____
Phone Number: _____ ,

Action Taken/Activity Log:

Date: 04/13/2018 Inspector: Monae Riley

Activity: MB dispatched inspector to follow up on complaint. Inspector found no sewage back ups/drainage obstructions in the building. Facility management indicated that there was a problem with city line. MB contacted G. Clemons (Public Works). Ms. Clemons confirmed that there was an issue with the municipal line/system and that they were waiting for a part/equipment on Monday to correct issue. Site will be monitored.

Reviewed By: Myla Blandford Disposition: Closed

Food Establishment Inspection Report

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Local Health Department Name and Address ESHD		No. of Risk Factor/Intervention Violations		Date 4/13 Page 2 of 3
Establishment 7604 State St. License/Permit #		No. of Repeat Risk Factor/Intervention Violations		Time In 7:55
Street Address Kam Wah		Permit Holder		Time Out 7:55
City/State		ZIP Code		Purpose of Inspection <i>Sewage &</i>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R		
Supervision					
1 <input type="checkbox"/> In	Person in charge present, demonstrates knowledge, and performs duties				
2 <input type="checkbox"/> In.Out.N/A	Certified Food Protection Manager (CFPM)				
Employee Health					
3 <input type="checkbox"/> In, Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4 <input type="checkbox"/> In Out	Proper use of restriction and exclusion				
5 <input type="checkbox"/> In, Out	Procedures for responding to vomiting and diarrheal events				
Good Hygienic Practices					
6 <input type="checkbox"/> In Out.N/O	Proper eating, tasting, drinking, or tobacco use				
7 <input type="checkbox"/> In Out N/O	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands					
8 <input type="checkbox"/> In, Out N/O	Hands clean and properly washed				
9 <input type="checkbox"/> In,Out,N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				
10 <input type="checkbox"/> In,Out	Adequate handwashing sinks properly supplied and accessible				
Approved Source					
11 <input type="checkbox"/> In Out	Food obtained from approved source				
12 <input type="checkbox"/> In,Out,N/A, N/O	Food received at proper temperature				
13 <input type="checkbox"/> In, Out	Food in good condition, safe, and unadulterated				
14 <input type="checkbox"/> In Out, N/A, N/O	Required records available: shellstock tags, parasite destruction				
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	COS=corrected on-site during inspection R=repeat violation
Safe Food and Water				COS R	
30 <input type="checkbox"/>	Pasteurized eggs used where required				
31 <input type="checkbox"/>	Water and ice from approved source				
32 <input type="checkbox"/>	Variance obtained for specialized processing methods				
Food Temperature Control					
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				
34 <input type="checkbox"/>	Plant food properly cooked for hot holding				
35 <input type="checkbox"/>	Approved thawing methods used				
36 <input type="checkbox"/>	Thermometers provided & accurate				
Food Identification					
37 <input type="checkbox"/>	Food properly labeled; original container				
Prevention of Food Contamination					
38 <input type="checkbox"/>	Insects, rodents, and animals not present				
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage and display				
40 <input type="checkbox"/>	Personal cleanliness				
41 <input type="checkbox"/>	Wiping cloths: properly used and stored				
42 <input type="checkbox"/>	Washing fruits and vegetables				
Proper Use of Utensils				COS R	
43 <input type="checkbox"/>	In-use utensils: properly stored				
44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled				
45 <input type="checkbox"/>	Single-use/single-service articles: properly stored and used				
46 <input type="checkbox"/>	Gloves used properly				
Utensils, Equipment and Vending				COS R	
47 <input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
48 <input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				
49 <input type="checkbox"/>	Non-food contact surfaces clean				
Physical Facilities				COS R	
50 <input type="checkbox"/>	Hot and cold water available; adequate pressure				
51 <input type="checkbox"/>	Plumbing installed; proper backflow devices				
52 <input type="checkbox"/>	Sewage and waste water properly disposed				
53 <input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned				
54 <input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				
55 <input type="checkbox"/>	Physical facilities installed, maintained, and clean				
56 <input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				
Employee Training				COS R	
57 <input type="checkbox"/>	All food employees have food handler training				
58 <input type="checkbox"/>	Allergen training as required				

EAST SIDE HEALTH DISTRICT

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SUPPLEMENTAL INSPECTION REMARKS

The following remarks supplement the inspection report of

Dated 7/13/18

X Monal Bi
INSPECTOR
K John 2
(SIGNATURE OF OWNER OR REPRESENTATIVE)

These remarks have been explained to me and are understood.

(SIGNATURE OF OWNER OR REPRESENTATIVE)



Food Establishment Inspection Report

Local Health Department Name and Address East Side Health Dist		No. of Risk Factor/Intervention Violations	Date 4/4/18 Page 1 of 3
Establishment KAMWAH	License/Permit #	No. of Repeat Risk Factor/Intervention Violations	Time In 2:00
Street Address 7604 State St	ZIP Code	Permit Holder	Time Out 2:15
City/State ESR.		Risk Category High	
Purpose of Inspection Exterior Sewage Follow Up			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				
Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	<i>In, Out, N/A, N/O</i>	Food separated and protected	
2	<i>In, Out, N/A</i>	Certified Food Protection Manager (CFPM)		16	<i>In, Out, N/A</i>	Food-contact surfaces; cleaned and sanitized	
Employee Health							
3	<i>In, Out</i>	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	<i>In, Out</i>	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	<i>In, Out</i>	Proper use of restriction and exclusion		18	<i>In, Out, N/A, N/O</i>	Time/Temperature Control for Safety	
5	<i>In, Out</i>	Procedures for responding to vomiting and diarrheal events		19	<i>In, Out, N/A, N/O</i>	Proper cooking time and temperatures	
Good Hygienic Practices							
6	<i>In, Out, N/O</i>	Proper eating, tasting, drinking, or tobacco use		20	<i>In, Out, N/A, N/O</i>	Proper reheating procedures for hot holding	
7	<i>In, Out, N/O</i>	No discharge from eyes, nose, and mouth		21	<i>In, Out, N/A, N/O</i>	Proper cooling time and temperature	
Preventing Contamination by Hands							
8	<i>In, Out, N/O</i>	Hands clean and properly washed		22	<i>In, Out, N/A, N/O</i>	Proper hot holding temperatures	
9	<i>In, Out, N/A, N/O</i>	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		23	<i>In, Out, N/A, N/O</i>	Proper cold holding temperatures	
10	<i>In, Out</i>	Adequate handwashing sinks properly supplied and accessible		24	<i>In, Out, N/A, N/O</i>	Proper date marking and disposition	
Approved Source							
11	<i>In, Out</i>	Food obtained from approved source		25	<i>In, Out, N/A</i>	Time as a Public Health Control; procedures & records	
12	<i>In, Out, N/A, N/O</i>	Food received at proper temperature		26	<i>In, Out, N/A</i>	Consumer Advisory	
13	<i>In, Out</i>	Food in good condition, safe, and unadulterated		27	<i>In, Out, N/A</i>	Highly Susceptible Populations	
14	<i>In, Out, N/A, N/O</i>	Required records available: shellstock tags, parasite destruction		28	<i>In, Out, N/A</i>	Food/Color Additives and Toxic Substances	
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
		COS	R			COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		43	Proper Use of Utensils		COS	R
31	Water and ice from approved source		44	Utensils, equipment & linens: properly stored, dried, & handled			
32	Variance obtained for specialized processing methods		45	Single-use/single-service articles: properly stored and used			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		46	Gloves used properly			
34	Plant food properly cooked for hot holding		47	Utensils, Equipment and Vending			
35	Approved thawing methods used		48	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36	Thermometers provided & accurate		49	Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	Food properly labeled; original container		50	Physical Facilities			
Prevention of Food Contamination							
38	Insects, rodents, and animals not present		51	Hot and cold water available; adequate pressure			
39	Contamination prevented during food preparation, storage and display		52	Plumbing installed; proper backflow devices			
40	Personal cleanliness		53	Sewage and waste water properly disposed			
41	Wiping cloths: properly used and stored		54	Toilet facilities: properly constructed, supplied, & cleaned			
42	Washing fruits and vegetables		55	Garbage & refuse properly disposed; facilities maintained			
Employee Training							
56	Adequate ventilation and lighting; designated areas used		57	Physical facilities installed, maintained, and clean			
58	All food employees have food handler training		58	Adequate ventilation and lighting; designated areas used			
Allergen training as required							

Food Establishment Inspection Report

Page 2 of 3

Establishment: Kam Wah Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: _____ **PPM:** _____ **Heat:** _____

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
-	Hunter Sewer Works Condufered internal inspection within last 7 days or issue is w/ City System - Per PTC @ Kam Wah - No internal obstructions
-	All toilets flush, no issues w/ water draining @ sinks
	Call _____ - 35 if any issues w/ drain in sinks/toilets

CFPM Verification (name, expiration date, ID#):

HACCP Topic:

Person in Charge (Signature)

Date

11/14/2018

Follow-up: Yes No (Check one)

Follow-up Date:



Food Establishment Inspection Report

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Local Health Department Name and Address ESHD			No. of Risk Factor/Intervention Violations ✓ 1	Date 4/16 Page 1 of 3
Establishment Kam Klab	License/Permit # 7604 State St	No. of Repeat Risk Factor/Intervention Violations ✓	Time In 11:30	
Street Address 7604 State St	Permit Holder High	Time Out 11:45		
City/State ZIP Code	Purpose of Inspection P/L Sewage			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark "X" in appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status			COS	R	Compliance Status			COS	R								
Supervision					Protection from Contamination												
1 <input type="checkbox"/> In	Person in charge present, demonstrates knowledge, and performs duties		15 <input type="checkbox"/> In	Out N/A, N/O		Food separated and protected		16 <input type="checkbox"/> In	Out N/A		Food-contact surfaces; cleaned and sanitized						
2 <input type="checkbox"/> In Out, N/A	Certified Food Protection Manager (CFPM)		17 <input type="checkbox"/> In	Out		Proper disposition of returned, previously served, reconditioned and unsafe food		18 <input type="checkbox"/> In	Out N/A, N/O		Proper cooking time and temperatures						
Employee Health					19 <input type="checkbox"/> In	Out N/A, N/O		Proper reheating procedures for hot holding		20 <input type="checkbox"/> In	Out N/A, N/O		Proper cooling time and temperature				
3 <input type="checkbox"/> In, Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting		21 <input type="checkbox"/> In	Out N/A, N/O		Proper hot holding temperatures		22 <input type="checkbox"/> In	Out N/A, N/O		Proper cold holding temperatures						
4 <input type="checkbox"/> In Out	Proper use of restriction and exclusion		23 <input type="checkbox"/> In	Out N/A, N/O		Proper date marking and disposition		24 <input type="checkbox"/> In	Out N/A, N/O		Time as a Public Health Control; procedures & records						
5 <input type="checkbox"/> In, Out	Procedures for responding to vomiting and diarrheal events		Time/Temperature Control for Safety														
Good Hygienic Practices					Consumer Advisory												
6 <input type="checkbox"/> In, Out N/O	Proper eating, tasting, drinking, or tobacco use		25 <input type="checkbox"/> In	Out N/A		Consumer advisory provided for raw/undercooked food		26 <input type="checkbox"/> In	Out N/A		Highly Susceptible Populations						
7 <input type="checkbox"/> In, Out N/O	No discharge from eyes, nose, and mouth		Food/Color Additives and Toxic Substances														
8 <input type="checkbox"/> In Out N/O	Hands clean and properly washed		27 <input type="checkbox"/> In	Out N/A		Food additives: approved and properly used		28 <input type="checkbox"/> In	Out N/A		Toxic substances properly identified, stored, and used						
9 <input type="checkbox"/> In Out, N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Conformance with Approved Procedures														
10 <input type="checkbox"/> In, Out	Adequate handwashing sinks properly supplied and accessible		29 <input type="checkbox"/> In	Out N/A		Compliance with variance/specialized process/HACCP		30 <input type="checkbox"/> In	Out N/A								
Approved Source					GOOD RETAIL PRACTICES												
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance					Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation												
Safe Food and Water					COS	R	Proper Use of Utensils					COS	R				
30 <input type="checkbox"/> Pasteurized eggs used where required			43 <input type="checkbox"/> In	use utensils: properly stored		Utensils, Equipment and Vending					47 <input type="checkbox"/> Food	and non-food contact surfaces cleanable, properly designed, constructed, and used					
31 <input type="checkbox"/> Water and ice from approved source			44 <input type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled			Physical Facilities					48 <input type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips						
32 <input type="checkbox"/> Variance obtained for specialized processing methods			45 <input type="checkbox"/> Single-use/single-service articles: properly stored and used			Employee Training					49 <input type="checkbox"/> Non-food contact surfaces clean						
Food Temperature Control					Food Identification					Plumbing							
33 <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control			33 <input type="checkbox"/> Food	properly labeled; original container		Proper Backflow Devices					51 <input type="checkbox"/> Plumbing	installed; proper backflow devices					
34 <input type="checkbox"/> Plant food properly cooked for hot holding			34 <input type="checkbox"/> Insects, rodents, and animals not present			Sewage and Waste Water					52 <input type="checkbox"/> Sewage	and waste water properly disposed					
35 <input type="checkbox"/> Approved thawing methods used			35 <input type="checkbox"/> Contamination prevented during food preparation, storage and display			Toilet Facilities					53 <input type="checkbox"/> Toilet	facilities: properly constructed, supplied, & cleaned					
36 <input type="checkbox"/> Thermometers provided & accurate			36 <input type="checkbox"/> Personal cleanliness			Garbage and Refuse					54 <input type="checkbox"/> Garbage	& refuse properly disposed; facilities maintained					
Food Identification					Prevention of Food Contamination					Physical Facilities					55 <input type="checkbox"/> Physical	facilities installed, maintained, and clean	
37 <input type="checkbox"/> Food properly labeled; original container			37 <input type="checkbox"/> Insects, rodents, and animals not present			Adequate Ventilation and Lighting					56 <input type="checkbox"/> Adequate	ventilation and lighting; designated areas used					
Prevention of Food Contamination					Wiping Cloths					Employee Training					57 <input type="checkbox"/> All	food employees have food handler training	
38 <input type="checkbox"/> Insects, rodents, and animals not present			38 <input type="checkbox"/> Contamination prevented during food preparation, storage and display			Washing Fruits and Vegetables					58 <input type="checkbox"/> Allergen	training as required					
39 <input type="checkbox"/> Personal cleanliness			39 <input type="checkbox"/> Wiping cloths: properly used and stored			Plumbing					59 <input type="checkbox"/> Proper	backflow devices					
40 <input type="checkbox"/> Garbage & refuse properly disposed			40 <input type="checkbox"/> Washing fruits and vegetables			Sewage and Waste Water					60 <input type="checkbox"/> Proper	sewage and waste water disposal					
Employee Training					Physical Facilities					Employee Training					61 <input type="checkbox"/> Adequate	ventilation and lighting; designated areas used	
41 <input type="checkbox"/> Garbage & refuse properly disposed			41 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used			Employee Training					62 <input type="checkbox"/> All	food employees have food handler training					
42 <input type="checkbox"/> Washing fruits and vegetables			42 <input type="checkbox"/> Allergen training as required			Plumbing					63 <input type="checkbox"/> Proper	backflow devices					

EAST SIDE HEALTH DISTRICT

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SUPPLEMENTAL INSPECTION REMARKS

The following remarks supplement the inspection report of

Kam Wah

(ESTABLISHMENT NAME)

Dated _____

M. E. McGinnis
INSPECTOR

S. D. S.
(SIGNATURE OF OWNER OR REPRESENTATIVE)

These remarks have been explained to me and are understood.

